

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

042

1000

1224

63-039022

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 23 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
F. Yoder, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 3 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sisters Hospital <i>St. Joseph's Hospital</i>		d. STREET ADDRESS (If outside, give location) - - -	
3. NAME OF DECEASED (Type or print) First Middle Last Clark W. Norman		4. DATE OF DEATH Month Day Year Oct. 7 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/18/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Bank Cashier		10b. KIND OF BUSINESS OR INDUSTRY Banking	9. AGE (last birthday) 72
11a. FATHER'S NAME John W. Norman		11b. MOTHER'S MAIDEN NAME Alberta Clark	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No No		12b. SOCIAL SECURITY NO. Mrs Veola Norman Troy Kansas	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Pulmonary Hypertension, sec. to Kyphoscoliosis with marked chest deformity</i> DUE TO (b) <i>Polycythemia (duration unknown) sec to 1 and 2</i> DUE TO (c) <i>Organic heart Disease sec to above with cardiac insufficiency</i>		14. NAME OF HUSBAND OR WIFE Veola Norman	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Denton, Kansas		20g. COUNTY STATE	
21. I attended the deceased from <i>1-11-54</i> to <i>death</i> and last saw <i>her</i> alive on <i>6 Oct. 63</i> Death occurred at <i>10:00 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Emerson Yoder M.D.</i>	
22b. ADDRESS Denton, Kansas		22c. DATE SIGNED 18 Oct. 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/7/1963	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive		23d. LOCATION (City, town, or county) (State) Troy Kansas	
24. FUNERAL DIRECTOR <i>Vernon B. Lihluth</i>		25. DATE RECD. BY LOCAL REG. Oct. 21, 1963	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vermon B. Tillelts

Licensed Embalmer No. 5235

P. O. Address Tracy Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.